

List of Louisiana Employees

Louisiana Department of Revenue Office of Charitable Gaming PO Box 1631 Baton Rouge, LA 70821 Phone: 1-800-562-9235 www.ocg.louisiana.gov

License Number	Company Na	me			icense Year 20 ORIGINAL APPLICATION	
OFFICIAL SIGNATURE:	CIAL SIGNATURE: Contact Phone #			☐ RENEWAL ☐ MODIFY APPLICATION		
This form must be signed by a current official	listed with the Office of	Charitable Gaming.				
2. Any changes in employees must be filed with	the Office within ten (1	0) days of the chan	ge as provided in l	_A R.S. 4:	718(E).	
It is not necessary to repeat any company's o "Company's Stockholders List".	fficial or company's stoo	kholder listed on the	e "Company's Offic	ial Inform	ation Sheet" or the	
Please type or print information. All fields a	are required. Blanks wil	l cause delays.	ATTACH ADI	DITIONAL	SHEETS AS NEEDED	
Please check the purpose of this revision:	☐ New Employee	☐ Inactivate Em	ployee \square R	lenew		
Last Name, First Name, Middle Initial		Social Security Number		Date of Birth		
Complete Home Address (Street, City, State, Zip Code)			Date of Hire		Date of Separation	
Please check the purpose of this revision:	☐ New Employee	☐ Inactivate Em	ployee	lenew		
Last Name, First Name, Middle Initial		Social Security Num	cial Security Number		Date of Birth	
Complete Home Address (Street, City, State, Zip Code)			Date of Hire		Date of Separation	
Please check the purpose of this revision:	☐ New Employee	☐ Inactivate Em	ployee	lenew		
Last Name, First Name, Middle Initial		Social Security Number		Date of Birth		
Complete Home Address (Street, City, State, Zip Code)			Date of Hire		Date of Separation	
Please check the purpose of this revision:	☐ New Employee	☐ Inactivate Em	e Employee			
Last Name, First Name, Middle Initial		Social Security Num	nber	Date of E	Birth	
Complete Home Address (Street, City, State, Zip Code)			Date of Hire		Date of Separation	
Please check the purpose of this revision:	☐ New Employee	☐ Inactivate Em	plovee	lenew		
Last Name, First Name, Middle Initial		Social Security Number		Date of Birth		
Complete Home Address (Street, City, State, Zip Code)			Date of Hire		Date of Separation	
Please check the purpose of this revision:	☐ New Employee	□ Inactivate Em	nlovee	lenew		
Last Name, First Name, Middle Initial	ivew Employee	1	☐ Inactivate Employee ☐ Re Social Security Number		Date of Birth	
Complete Home Address (Street, City, State, Zip Code)			Date of Hire		Date of Separation	